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## STATE OF SOUTH DAKOTA

## Statement of Legal Newspaper Ownership and Circulation ALE

1. TITLE OF NEWSPAPER PIONEER REVIEW	<sup>2. DATE</sup> 09/15/2021	
3. FREQUENCY OF ISSUE 3A. NO. OF ISSUES PUBLISH 52	PRICE \$44 in area/\$49 out	
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF	PUBLICATION (Street, City	, County, State and ZIP+4 Code)
(Not printers) PO BOX 788; PHILIP, SD 57567-0788		
<ol> <li>COMPLETE MAILING ADDRESS OF THE HEADQUARTE PUBLISHER (Not printers)</li> <li>RAVELLETTE PUBLICATIONS, INC.; PO BOX 788; PHILIP,</li> </ol>		S OFFICES OF THE
6. FULL NAME OF PUBLISHER: DONALD J RAVELLETT		
7. OWNER (If owned by a corporation, its name and address must addresses of stockholders owning or holding 1 percent or more names and addresses of the individual owners must be given. If and address, as well as that of each individual must be given. FULL NAME	t be stated and list on the back of total amount of stock. If not owned by a partnership or oth	owned by a corporation, the er unincorporated firm, its name
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, M state. If more space is needed, list on back of this form.  NONE	SECURITY HOLDERS OW ORTGAGES OR OTHER SE	NING OR HOLDING 1 CURITIES (If there are none, so
9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A.TOTAL NO. COPIES (Net Press Run Plus Paid Electronic Copies)	1087	1092
B.PAID AND/OR REQUESTED CIRCULATION     Sales through dealers and carriers, street vendors, and counter sales.	181	187
Mail Subscription     (Paid and or requested)	665	653
3. Paid Electronic Copies	37	42
C.TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1, 9B2 and 9B3.)	883	882
D.FREE DISTRIBUTION  1. BY MAIL, CARRIER OR OTHER MEANS	68	67
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES	0	0
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	951	949
F. COPIES NOT DISTRIBUTED  1. Office use, left over, unaccounted, spoiled after printing	116	123
2. Return from News Agents	20	20
G.TOTAL (Sum of E, F1 and F2 - Should equal total shown in A.)	1087	1092
Statement must be signed by Publisher, Business Mana I swear that the statements made by me are true, o		ence of a Notary Public
(Signature)	(Title)	
State of South Dakota )	Sworn to before me this 15 day of Sept, 2021	
County of Haakon	Notary Public U. 3 - 207	
(Seal)	My commission expires: _	1 000